



# Iowa Department of Human Services

Kim Reynolds  
Governor

Adam Gregg  
Lt. Governor

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Director

## INFORMATIONAL LETTER NO.1832-MC-FFS

**DATE:** September 19, 2017

**TO:** Iowa Medicaid Hospitals (excluding Indian Health Service Providers)

**APPLIES TO:** Managed Care, Fee-for-Service

**FROM:** Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

**RE:** Clarification for Referring Providers and Reimbursement on Emergency Room (ER) Visits

**EFFECTIVE:** Immediately

This letter is intended to provide clarification to Informational Letter [1753-MC-FFS](#)<sup>1</sup> issued on December 23, 2016, regarding members who were referred to the ER by appropriate medical personnel and reimbursement for visits that do not result in an inpatient admission but does involve emergent conditions.

***Appropriate medical personnel*** as referred to in Informational Letter 1753 may not be providers associated with the hospital emergency department. A "referring provider" would be **any** physician's assistant (PA) nurse practitioner (NP), doctor of osteopathy (DO), or medical doctor (MD), qualified and licensed by the State of Iowa to assess and treat Medicaid members that has taken at least a history from the member regarding their current complaint, and the provider has detected a possible emergency condition which cannot be either evaluated or treated adequately in a clinic setting. The referral would be to the nearest appropriate emergency department. Referral to an emergency department by the physician's automated answering machine does not establish a referral by appropriate medical personnel. An adequate history of the member's complaints needs to demonstrate the need for emergency evaluation and/or services, even by phone. The provider's records should document the history of an emergent medical condition and the referral to an appropriate emergency department.

Reimbursement for ER visits with emergent conditions noted in Informational Letter 1753 may not always result in a full APC payment. Reimbursement would be made based on the APC reimbursement methodology as noted in Medicaid Addendum B. This means that some procedure codes may group to a payable APC or a separate fee schedule amount, whereas other procedure codes may bundle and not pay separately. Additionally, reimbursement amount on the claim would not be subject to reduction as noted in Informational Letter 1753.

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, or by email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).

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<sup>1</sup> [https://dhs.iowa.gov/sites/default/files/1753-MC-FFS\\_EmergencyRoomVisits-Reimbursement.pdf](https://dhs.iowa.gov/sites/default/files/1753-MC-FFS_EmergencyRoomVisits-Reimbursement.pdf)